



Australian Government

Department of Health

Home Support and Care Program
Commonwealth Home Support Program (CHSP)
Guidelines Overview

October 2016

Preface

The Australian Government Department of Health (DoH) has a suite of Program Guidelines which provide information about each Program that provides grants funding, and the suite of Activities that contribute to that Program. They provide the key starting point for parties considering whether to participate in a Program and form the basis for the business relationship between DoH and the grant recipient.

DoH recognises and supports the work of civil society organisations, the private sector, and local government in providing professional, responsive home support services to their local communities. The DoH approach to working with these sectors is based on reducing red tape and providing greater flexibility in recognition of the role of, and responsibilities borne by, home support providers in the delivery of a professional service system.

Program Guidelines provide an overview of the Program and its related Activities, including specific information on each Activity, Selection Criteria, Performance Management and Reporting.

The Program Guidelines for each grant funding round include:

- a Program Guidelines Overview document (this document) that provides an overview of how funding rounds may be conducted for each Activity that contribute to the overall Program outcome, and
- an Application Pack - a suite of documents with information specific to each grant funding round conducted within the Activity.

The Guidelines should be read in conjunction with the *Terms and Conditions* and the grant agreement.

The simplified Program arrangements establish the framework for the Department to move towards a single grant agreement per provider, implement new and improved financial reporting systems, reduce reporting and regulation, consolidate funding rounds and support greater service delivery innovation to meet the needs of clients.

DoH reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.

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1. Program Overview – Home Support and Care

1.1 Home Support and Care Program Outcomes

The Department of Health (DoH) funds organisations to develop and maintain a cohesive Australian community and improved independence and self-sufficiency, recognising that government contributions are only one source of funding for the operation of community services.

In recognition of the challenges posed by a rapidly ageing population, the Australian Government, in partnership with clients, carers of frail, older Australians, aged care providers, workers and health professionals, is making continual improvement through the introduction of a number of changes to the aged care system to make it easier for clients and carers to access high-quality, client centred services which maximise independence and are responsive to the changing needs of older Australians as they age. This includes the establishment of the Commonwealth Home Support Program (CHSP).

Program 6.2 of the DoH Portfolio Budget Statement, the Home Support and Care Program, aims to provide choice through a range of flexible options to support older people to remain living at home and connected to their communities. The CHSP will provide entry-level home support for older people who need assistance to keep living independently.

This will include the establishment of a platform for continued improvement in the way DoH does its business, clarifying and strengthening Commonwealth and state/territory government responsibilities, fostering stronger relationships with the private sector and civil society, and partnering with service providers.

The Home Support and Care Program comprises of the Commonwealth Home Support Program (CHSP), the Continuity of Support Program and Home Care Packages Program.

1.2 CHSP Program Objectives

The objective of the CHSP is to improve access to quality home support services for eligible clients and reduce red tape for providers, through the streamlining of the home support system. The Program will help frail, older people living in the community to maximise their independence, through the provision of timely, quality entry level support services, which takes into account each person's individual goals, preferences and choices. As people age, they can develop medical conditions or increased frailties which impede their ability to continue living in their own home. Investment in entry-level support can delay the need to move to more intensive forms of care. This benefits older Australians through increasing their independence and quality of life as well as reducing calls on government outlays for other forms of care, such as residential aged care.

The following Activities comprise the CHSP and support the Commonwealth Government's priorities and responsibilities:

Commonwealth Home Support Program (CHSP)

The CHSP will help frail, older people (65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people) who are living in the community to maximise their independence. Through the delivery of timely, high quality entry-level support services which takes into account each person's individual goals, preferences and choices - and underpinned by a strong emphasis on restorative approaches, including wellness and reablement - the CHSP will help its clients stay living in their own homes for as long as they can and wish to do so. The CHSP will also support the care relationship between CHSP clients and their carers who provide the support necessary to help the older people stay at home.

The term 'entry-level' refers to support provided at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term or episodic basis.

Additionally, My Aged Care will be enhanced to support the screening and assessment of clients and become the key entry point to Australia's Aged Care system, making it easier for older Australians to access the care they need to remain living in their home.

The establishment of the Regional Assessment Service (RAS) will see a consistent approach to assessment services for people seeking support through the CHSP. The RAS will utilise a standardised assessment process which encompasses a holistic view of client needs.

2. Activity Overview – Commonwealth Home Support Program (CHSP)

The CHSP will help frail, older people (65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people) who are living in the community to maximise their independence. Through the delivery of timely, high quality entry-level support services which take into account each person's individual goals, preferences and choices - and underpinned by a strong emphasis on restorative approaches, including wellness and reablement - the CHSP will help its clients stay living in their own homes for as long as they can and wish to do so.

Frail, older clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) will be the direct service recipients of planned respite services, which will allow regular carers to take a break from their usual caring duties.

In addition, the CHSP will support older people or people aged 50 years and over, who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation, through the provision of assistance with accessing care and housing.

The CHSP builds on the strengths of the home support programs which came before it, and from 1 July 2015 consolidates the former Commonwealth Home and Community Care (HACC) Program, planned respite from the National Respite for Carers Program (NRCP), the Day Therapy Centres (DTC) Program and the Assistance with Care and Housing for the Aged (ACHA) Program. As part of the establishment arrangements for the CHSP, the majority of services funded under these existing programs were extended under their existing terms and conditions until 31 October 2015 to provide time for providers to transition into the new program. In special circumstances, DoH may offer some longer extensions under a provider's existing terms and conditions to ensure a smooth transition to the new program.

The RAS will consider client goals, strengths and motivations as part of a reablement approach to assessment. It will also provide a linking service capability to assist vulnerable clients. The assessment process will be supported by a client record that reduces the number of times clients and their families have to tell their story.

Victoria and Western Australia

These Guidelines do not apply to Home and Community Care (HACC) services in Victoria or Western Australia funded under State Government-administered arrangements.

Victoria

Negotiations for transitioning HACC services for older people are underway with the Victorian government. While these negotiations continue, Victorian HACC services for older people will continue to be provided under the Commonwealth-State jointly funded Victorian HACC Program until services are transitioned to the Commonwealth.

Older people in Victoria will be able to access services under the CHSP that were previously delivered through the NRCP, DTC and ACHA programs.

Western Australia

Negotiations on a HACC transition for older people in Western Australia are currently underway, but at an early stage. Therefore, basic home services will continue to be provided to the frail aged under the jointly-funded Western Australian HACC Program.

Older people in Western Australia will be able to access support under the CHSP that was previously offered under the NRCP, DTC and ACHA programs.

The CHSP's position in the Australian Government's end-to-end aged care system

The CHSP represents the entry tier of the aged care system. In conjunction with the Home Care Packages (HCP) Program, residential aged care and other specialised aged care programs, it forms part of an end-to-end aged care system offering frail, older people a continuum of care options as their care needs change over time.

From 1 July 2015 entry and assessment for the CHSP will be through My Aged Care, an identifiable entry point to the aged care system for older people and their carers. My Aged Care incorporates a website and phone-based screening process undertaken by a contact centre and network of regionally based assessment organisations (Regional Assessment Services and progressively the Aged Care Assessment Teams) across Australia that will assess a client's needs and eligibility for services across programs through a face-to-face assessment.

This streamlined entry to aged care will make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them, including entry-level support.

The CHSP is designed to provide relatively small amounts of a single service or a few services for frail, older people when this is sufficient in maintaining independent community living and wellbeing; or a higher intensity of episodic or short-term services where improvements in function or capacity can be made, or further deterioration avoided.

The CHSP complements the Australian Government's HCP Program, which is:

- Designed to support older people living in the community whose care needs exceed the level of support which can be provided through the CHSP, and
- Provides consumers with higher intensity, ongoing services as well as an individualised budget that the consumer controls.

Frail, older people who require higher levels of ongoing support are also able to access Australian Government subsidised residential aged care places.

The CHSP is designed to play an important role in supporting frail, older people to delay, or avoid altogether, the need to move into more expensive forms of aged care, so that whole-of-system aged care costs can be kept at a sustainable level as the population ages and the number of people requiring aged care increases. A range of studies, both in Australia and overseas, have shown a positive relationship between receiving community services and delay/avoidance of more expensive residential care admissions. They have also shown that the earlier older people receive community care services, the longer their admission to more expensive forms of care can be delayed.

2.1 Activity aims and objectives

Aims

The CHSP aims to support frail, older people to live as independently as possible, in their own home and community, for as long as they can and wish to do so through the provision of timely, entry-level home support services. Where the frail, older person has a carer, the CHSP will also support the care relationship between CHSP clients and their carers who provide the support necessary to help the older person stay at home.

Objectives

The objectives of the CHSP are to:

- Provide high-quality support, at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term or episodic basis, to frail, older people to maximise their independence at home and in the community for as long as they choose, thereby enhancing their wellbeing and quality of life
- Support frail, older clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) through the direct service delivery of planned respite services, which will allow regular carers to take a break from their usual caring duties
- Support clients to delay, or avoid altogether, the need to move into more expensive forms of aged care, such as Home Care Packages or residential aged care, so that whole-of-system aged care costs can be kept at a sustainable level as the population ages and the number of people requiring care increases

- Ensure that all clients, including those with special needs, have equity of access to services that are socially and culturally appropriate and free from discrimination
- Ensure through the quality framework, including the Home Care Standards, that clients receive high quality services
- Facilitate client choice – to enhance the independence and wellbeing of older people, and ensure that services are responsive to the needs of clients
- Provide a standardised assessment process which encompasses a holistic view of client needs
- Provide flexible, timely services that are responsive to local needs.

2.2 Sub-Activities

There are five sub-activities under the CHSP:

- Community and Home Support
- Care Relationships and Carer Support
- Assistance with Care and Housing
- Service System Development
- Regional Assessment Services

Each sub-activity has its own objectives, eligibility criteria, target population and outputs or service types as defined in the [CHSP Program Manual 2015](#).

2.3 Applicant eligibility

The following entity types meet the eligibility requirements to be invited to apply for a grant for this activity:

- Incorporated Associations (incorporated under State/Territory legislation, commonly have 'Association' or 'Incorporated' or 'Inc.' in their legal name)
- Incorporated Cooperatives (also incorporated under State/Territory legislation, commonly have 'Cooperative' in their legal name)
- Companies (incorporated under the *Corporations Act 2001* – may be a not-for-profit or for-profit proprietary company (limited by shares or by guarantee) or public companies)
- Aboriginal Corporations (incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*)
- Organisations established through a specific piece of Commonwealth or state/territory legislation (public benevolent institutions, churches, universities, unions etc)
- Partnerships
- Trustees on behalf of a Trust
- State and Territory Governments
- Local Governments
- Where there is no suitable alternative, an individual or – jointly and separately – individuals. Where (j) is used, it also needs to be stated who the decision maker is on the issue.

2.4 Participants/clients/recipients/target group

All participants will enter the CHSP through the My Aged Care centralised screening process. Most clients will have a face-to-face assessment which determines their level of frailty or other issues which would make them eligible for CHSP services.

The *CHSP Program Manual 2015* details arrangements for CHSP service provider interactions with My Aged Care in more detail.

Eligible clients, as defined by the target groups, may receive CHSP services.

Target groups under the CHSP include:

- For the Community and Home Support sub-activity, frail, older people (aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islander people) and who need assistance with daily living to remain living independently at home and in the community

- For the Care Relationships and Carer Support sub-activity, frail, older CHSP clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) will be the direct service recipients of planned respite services, which will allow regular carers to take a break from their usual caring duties
- For the Assistance with Care and Housing sub-activity, people aged 50 years and over on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation
- For the Service System Development sub-activity, grant recipients funded under the CHSP and their service delivery client base.

In certain circumstances, CHSP services may be provided to people who do not meet the target group criteria and who need assistance with daily living to remain living independently at home and in the community, where this is specifically agreed between DoH and the grant recipient. These circumstances include where DoH determines the arrangement is justified because:

- The client is receiving a certain level of care under a program that was consolidated under the CHSP and should therefore expect to retain this service level until other suitable care options become available
- Specific arrangements have been agreed to by the respective state or territory governments and the Commonwealth
- It is required to give effect to transition arrangements necessary to support the consolidation of the Commonwealth HACC, NRCP, DTC and ACHA programs within the Commonwealth Home Support Program
- DoH determines that other circumstances justify the delivery of services to the younger person.

Special Needs Groups

The CHSP will recognise people with cultural or other special needs with appropriate services which reflect the diversity of the population.

The CHSP recognises the following special needs groups, which align with those recognised under the *Aged Care Act 1997* and by other aged care programs:

- People from Aboriginal and Torres Strait Islander communities
- People from culturally and linguistically diverse backgrounds
- People who live in rural and remote areas
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless, or at risk of becoming homeless
- People who identify as lesbian, gay men, bisexual, transgender and intersex people (including people who are perceived to be, or have in the past lived as such)
- People who are care leavers
- Parents separated from children by forced adoption or removal.

The CHSP will:

- Ensure that all clients have equity of access to services and that support is accessible,
- Appropriate and free from discrimination
- Ensure through the quality framework, including the home care standards, that grant recipients consider the requirements of special needs groups, and that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds
- Support access to translation and interpreting services
- Consider equity of access for special needs groups in the allocation of new funding
- Ensure that the inability to pay for services does not exclude anyone from receiving services.

These principles support the goals identified in the Australian Government's 'National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds' and 'National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy'.

People with dementia

The Australian Government considers the provision of appropriate care and support of people with dementia, their families and carers to be core business for all providers of aged care, given its prevalence amongst older people.

The Australian Government funds a range of advisory services, education and training, support programs and other services for people with dementia, their families and carers. CHSP clients may access these supports if appropriate to their needs.

Carers

Carers are integral to ensuring the quality of life and independence of older people. In recognition of the vital role that carers play in supporting older people to remain living at home and in the community, the CHSP will support the care relationship through contributing funding towards a range of respite services. These are provided under the Care Relationships and Carer Support Sub-Activity (planned respite). More detail on support for carers and the care relationship under the CHSP is available in the *CHSP Program Manual 2015*.

The CHSP is complemented by access to emergency respite services provided under Commonwealth Respite and Carelink Centres, the National Carer Counselling Program and Carer Information Support Service. Work is currently underway by the Commonwealth to develop options for future carer services in the context of, and in alignment with, the aged care and disability reforms, to work toward a more integrated response for carer services.

2.5 Funding for the activity

In the 2015-16 DoH Portfolio Budget Statement, an amount of \$ 1.6 billion per annum (GST exclusive), increasing to \$1.85 billion in 2018-19, was allocated over four years from 1 July 2015 by the Australian Government for the Commonwealth Home Support Program.

Funding amounts are inclusive of funding provided through other processes such as procurement. Funding amounts included in these Program Guidelines are estimates and may change in the course of a Budget year as Government priorities change.

The Minister for Health and Aged Care has overall responsibility for the CHSP program. Where DoH has invited applications for grants, the final decision about Aged Care Planning Regions, sites and proposals for service delivery will be made by the Departmental delegate.

Grant recipients are required to enter into a legally binding grant agreement with DoH which specifies a range of contractual obligations, including recordkeeping and retention, performance reporting and financial expenditure, and acquittal.

Growth funding

Growth funding is important to the sector's ability to respond to the evolving needs of CHSP clients. Growth funding will be reported as part of the Australian Government's budget process and allocated on the basis of funding priorities as determined by the Australian Government from time to time.

Information on any current CHSP funding processes, including growth funding, will be available at:

- The Department of Health's [Tenders and Grants website](#)
- The Australian Government's [Grants website](#)

Information may also be available via major national newspapers.

Indexation

Each year, DoH may pay an additional amount of funding to take account of consumer price indexation increases, and will advise the service provider in writing of the amount and timing of the additional payment.

Capital

For the purpose of the CHSP, capital infrastructure is considered to be real property of a non-expendable nature, specifically buildings and land. CHSP funding cannot be used for the acquisition of capital infrastructure.

However, the Department may consider funding for minor capital works in exceptional circumstances. This includes minor building modifications to improve client safety (such as the installation of a wheelchair ramp), refurbishment or replacement of essential equipment for CHSP service delivery which is not already classed as an asset. In these circumstances, approval for any modifications or refurbishment must be acquired from the property owners, if necessary, prior to applying for funding.

One-off Funding

DoH may approve one-off funding for grant recipients. Where funding has been approved this will be reflected in the grant recipient's Grant Agreement.

Social and Community Services (SACS) Supplementation Funding

In accordance with the 2012 Fair Work Australia equal remuneration order for employees in the social and community services and crisis accommodation classification (Schedule B and C) within the Social, Community, Home Care and Disability Services Industry Award 2010 (SACS Modern Award), the department will provide supplementation to grant recipients employing SACS workers delivering relevant CHSP services.

To be eligible for supplementation funding, grant recipients must be delivering in-scope Commonwealth funded Programs and employ staff under the SACS Modern Award, at 1 February 2012.

CHSP grant recipients who employ staff impacted by Schedule B or Schedule C of the SACS Modern Award must only use supplementation funding to cover costs arising from the Equal Remuneration Order (ERO). These costs include staff wages that have directly increased for the affected Commonwealth program, as well as staff on-costs (i.e. superannuation and leave entitlements) which may have increased because of the ERO.

Under the CHSP, grant recipients with affected SACS workers will have levels of supplementary funding built in to funding amounts listed in the DSS Comprehensive Grant Agreement Schedule. In accordance with Clause 7 of the DSS Terms and Conditions Comprehensive Grant Agreement, those grant recipients with staff employed under the relevant SACS schedules must certify that SACS Supplementation funding has been used for its intended purpose.

It is important to note that service providers who provide certain types of CHSP services, such as Allied Health or Assistance with Care and Housing services, do not attract the SACS supplementation.

2.6 Eligible and ineligible activities

Successful applicants must deliver CHSP services in accordance with the CHSP Program Guidelines (this document), CHSP Supplementary Conditions, CHSP DSS Comprehensive Grant Agreement – Terms and Conditions, the CHSP DSS Comprehensive Grant Agreement (Program Schedule) and the *CHSP Program Manual 2015*.

Applicants should be familiar with service outputs funded under the CHSP as outlined in the [CHSP Program Manual 2015](#).

CHSP grants may be used for direct service delivery matters, Assistance with Care and Housing activities, sector support and development and governance/provider operational matters in accordance with the CHSP Program Guidelines and *CHSP Program Manual 2015* and updated from time to time.

Restrictions on the use of the grant are outlined in the CHSP Program Guidelines and *CHSP Program Manual 2015* and updated from time to time.

Grandfathering arrangements for pre-1 July 2015 HACC, NRCP, DTC and ACHA clients

CHSP funding may be used to support clients who accessed HACC, NRCP, DTC and ACHA clients prior to 1 July 2015 and who are being grandfathered as a result of not meeting the CHSP eligibility requirements in their own right or until the services are no longer required.

These clients may retain access to these services or equivalent CHSP services until other suitable services become available, or until the service is no longer required. This is necessary to ensure this cohort of clients has access to services until more appropriate support can be accessed.

Victorian HACC

Victorian HACC providers transitioning to the CHSP may be granted approval in exceptional cases to deliver specified ineligible activities for a transitional period. This will be considered during negotiations between the Commonwealth and Victorian Governments to retain the benefits of the Victorian HACC program for older people to the Commonwealth, in accordance with the Heads of Agreement on the National Disability Insurance Scheme and to maintain service continuity for existing clients. Details will be specified in the CHSP grant agreement or revised *CHSP Program Manual 2015* where applicable.

Other Support Services

As part of the transition into CHSP, in certain circumstances CHSP funding may be used for the provision of activities additional to those outlined in the *CHSP Program Manual 2015* – where agreed between DoH and the grant recipient – which were previously funded under the Commonwealth HACC, NRCP, DTC and ACHA programs, such as client advocacy and carer counselling, support, information and advocacy. This must be agreed to between DoH and the grant recipient.

2.7 Activity links and working with other agencies and services

In delivering the Activity, all CHSP providers must develop and maintain links with other CHSP providers in a way that meets the aims of the program and broader aged care system, including the My Aged Care Contact Centre and the Regional Assessment Services in their region, to assist in co-ordinating services with a view to improving the outcomes for clients and their carers and ensuring clients and their carers receive services which are centred around their individual goals, preferences and choices.

Appropriate referrals to other services through My Aged Care is an essential role for CHSP providers. These referrals assist in ensuring clients and their carers receive timely, appropriate and individualised services. CHSP providers must:

- Provide and update their service data via the My Aged Care web-based provider portal
- Accept/reject client referrals via the My Aged Care web-based provider portal
- Refer or facilitate clients to My Aged Care where they have approached them directly
- Enter service and client details into Central Client Records
 - Participate in assessment, referral and Central Client Record processes identified in the <https://agedcare.govcms.gov.au/programs/my-aged-care>.

Organisations applying for CHSP funding are expected to be able to demonstrate their links with the identified community where services will be provided, including:

- Describing the applicant's links with the community (e.g. Demonstrated service delivery in the community, established relationships with stakeholders, such as other CHSP service providers, regional assessment services, relevant organisations, clients and carers)
- Demonstrating an understanding of existing services and resources within the community (e.g., details of any existing care services for older Australians and their carers, and other health and aged care services, including those provided by the applicant)
- Setting out how the proposal will complement, add to and work with existing services and resources within that community
- Providing evidence of the applicant's ability to engage and form relationships with stakeholders
- Setting out how the applicant will collaborate with the community.

Interactions with disability services

Services which are considered to be within the scope of the CHSP may be accessed by existing HACC, NRCP, DTC and ACHA clients with disabilities, while the National Disability Insurance Scheme is progressively implemented. CHSP grant recipients will be required to make reasonable provisions to cater to the specific needs of clients with disabilities to enable them to access services that are within scope, such as providing services that are responsive to the client's specific needs.

Interactions with other aged care programs

The CHSP forms the entry tier of the Australian Government's aged care system and is complemented by a range of other programs designed to support people whose care needs exceed what can be delivered by the CHSP. The interaction between the CHSP and other aged care programs, services funded by the Department of Veterans Affairs and services delivered through the disability system is detailed in the *CHSP Program Manual 2015*.

As a general principle, the CHSP is designed to deliver support to people who are not already in receipt of higher level services such as Home Care Packages.

2.8 Specialist requirements (e.g. Legislative requirements)

In delivering the Activity, grant recipients are required to:

- Comply with all relevant state, territory and Commonwealth laws and regulations
- Comply with DoH Policies.
- Ensure that workers (paid and voluntary) are suitably qualified or are undertaking training appropriate to the service they deliver.

In addition, Australia's *Multicultural Access and Equity Policy: Respecting diversity. Improving responsiveness* obliges Australian government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled, for example, by providing access to language services where appropriate. Grant applicants should consider whether services, projects, activities or events may require the use of professional translating or interpreting services in order to communicate with non-English speakers. If required, based on an assessment of the target group, costs for translating and interpreting services should be factored into grant applications. Further information on the Multicultural Access and Equity Policy can be found [here](#).

2.9 Information Technology

CHSP grant recipients must work towards their website being compliant with the [Web Content Accessibility Guidelines \(WCAG\) 2.0](#).

To manage service information, access referrals and update client service plans on the My Aged Care Provider Portal, CHSP grant recipients must have access to the internet and a system that has one of the supported versions of the specified web browser programs.

In addition, CHSP grant recipients must have systems in place to allow them to meet their data collection and reporting obligations outlined in their CHSP DSS Comprehensive Grant Agreement, including the use of the service provider interface with My Aged Care.

Performance information (e.g. client characteristics and service delivery information) will be required to be collected by grant recipients at the client level and entered directly into the department's client data capture system, its predecessor or via a DoH approved alternative mechanism. Where collection of client level data is not appropriate due to the CHSP Activity involving a large group, aggregate reporting will be permitted.

Information must be provided in accordance with the [DSS Data Exchange Protocols](#).

<https://dex.dss.gov.au/>

The new application will:

- Be a web based portal
- Allow submission of data through external approved third party applications
- Support submission of data through other approved methods.

Performance information required to be collected may include (but is not limited to):

- Client consent (where required)
- Client identity characteristics
- Client demographic characteristics

- Service delivery information
- Client outcomes.

2.10 Activity Performance and Reporting

CHSP grant recipients will be required to operate within an accountability framework to collect information about what is being achieved at each service level (sub-activity). This will ensure that the Department is confident that:

- Quality care is delivered
- Program standards and policies are met
- Service provision meets the identified needs of service recipients
- Funds are used according to the purposes specified in the Grant Agreements.

The accountability framework meets these objectives through the following reporting processes:

- *Financial reporting:* Grant Recipients will be required to provide financial reports as stipulated in their Grant Agreement with the Department.
- *Program reporting:* CHSP grant recipients that deliver services will be required to provide information in accordance with the Data Exchange Protocols or as otherwise stipulated by Department of Health.
- *Quality:* CHSP grant recipients will be required to adhere to a set of quality standards, as stipulated in their Grant Agreement with the Department, which are designed to encourage providers to evaluate and continuously improve both the quality of their service delivery and the systems/processes in place that ensure service quality, and cooperate with the Australian Aged Care Quality Agency.

Full details of reporting requirements will be listed in the Grant Agreement for each grant recipient with additional guidance in the *CHSP Program Manual 2015*.

DoH monitors and evaluates program performance to ensure activities and grant recipients have a focus on outcomes for clients through effective and efficient use of funds and resources.

DoH's Performance Indicators focus on three key questions:

- 1) Are we achieving what we expected?
- 2) How well is it being done?
- 3) How much is being done?

Performance indicators based on these questions may be included in the grant agreement for the grant recipient. CHSP grant recipients' performance will be measured against benchmarking of other organisations funded for this activity and compare a grant recipient's service delivery performance against national benchmarks. Benchmarking will take into consideration the delivery of similar services, scale of funding, locality of service location and other relevant characteristics.

Information needed to evaluate service delivery must be reported via the DoH approved mechanisms outlined in the grant agreement with DoH. Full details of reporting requirements will be listed in the grant agreement for each grant recipient. This information must be provided in accordance with the [DSS Data Exchange Protocols](#).

<https://dex.dss.gov.au/>

2.11 Financial Reporting

The activity will be managed to ensure the efficient and effective use of public monies. This will be consistent with best value in principles; the DoH grant agreement and will aim to maintain viable services and act to prevent fraud upon the Commonwealth.

Acquittal documents must be provided to DoH as outlined in the Grant Agreement.

Funding must only be used for the purposes for which it was provided.

2.12 DoH's responsibilities and accountabilities under the activity

The Minister for Health and Aged Care has responsibility for the CHSP.

DoH will:

- Meet the Government's terms and conditions of the grant agreement established with grant recipients
- Ensure that services provided under the CHSP Activity are accountable to the Australian Government under the terms and conditions agreed in the grant agreement
- Administer the operation of the CHSP Activity in a timely manner
- Identify suitable providers to deliver the activities required as per the grant agreement
- Work in partnership with the provider to ensure the CHSP Activity is implemented and will provide the service provider with constructive feedback
- Ensure that the outcomes contained within these Program Guidelines are being met and evaluate the provider's performance against the CHSP outcomes
- Make decisions relating to the funding for procurement activities and unsolicited proposals
- Assess service activity, financial accountability and quality reports and undertake follow up activity as necessary
- Identify and provide advice on emerging strategic issues and barriers to access to services through participation in meetings/forums as required
- Provide a strategic direction for the CHSP Activity
- Establish and foster formal and informal communication mechanisms with service providers and facilitate knowledge sharing and partnership opportunities with the sector.

2.13 Grant recipients' responsibilities and accountabilities under the activity

In entering into a grant agreement with DoH, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the agreement including these Program Guidelines, the *CHSP Program Manual 2015*, and the grant agreement. The CHSP DSS Terms and Conditions of the DSS Comprehensive Grant Agreement are available on the [DoH website](#).

Grant recipients are responsible for:

- Ensuring the terms and conditions of the grant agreement are met
- Ensuring service provision is effective, efficient, and appropriately targeted
- Ensuring the highest standards of duty of care are applied
- Ensuring services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations
- Ensuring special needs groups have equal and equitable access to services. These include:
 - people from Aboriginal and Torres Strait Islander communities
 - people from culturally and linguistically diverse backgrounds
 - people who live in rural and remote areas
 - people who are financially or socially disadvantaged
 - veterans
 - people who are homeless, or at risk of becoming homeless
 - people who identify as lesbian, gay men, bisexual, transgender and intersex people (including people who are perceived to be, or have in the past lived as such)
 - people who are care leavers
 - parents separated from children by forced adoption or removal.
- Working collaboratively to deliver the activity
- Contributing to the overall development and improvement of the activity such as sharing best practice
- Meeting the costs of applying for funding and associated costs for service delivery
- Providing comprehensive, coordinated and integrated low intensity ongoing support and care services or higher intensity support and care services on a short-term or episodic basis
- Ensuring staff and/or volunteers have access to training and education

- Maintaining quality and service standards
- Ensuring any sub-contractors are appropriately qualified and experienced
- Maintaining contact with the Department
- Demonstrating effective management processes based on continuous improvement to service management, planning and delivery
- Meeting their own corporate governance responsibilities including matters such as financial management, industrial relations and occupational health and safety
- Having a complaints mechanism and resolution processes
- Reporting of contracted data.

Other roles and responsibilities of the parties will be outlined in the Grant Agreement and the *CHSP Program Manual 2015*.

2.14 Privacy and Confidentiality

Each grant recipient will be required to declare their ability to comply with the Legislation/Clauses in their Grant Agreement with the Australian Government.

Service providers must comply with all relevant state and territory and Australian Government legislation and policies regarding:

- Collection, use and disclosure of personal information
- Service users' rights to access their personal information.

Service providers must also impose the same privacy obligations on any subcontractors they engage to assist with the program.

2.15 Branding / Logo

DoH will require service providers to acknowledge, in the manner set out in the *CHSP Program Manual 2015*, the financial and other support it has received from the Australian Government for the Activity. This applies to all publications, promotional and advertising materials, public announcements and activities by it or on its behalf in relation to the CHSP, or any products, processes or inventions developed as a result of the CHSP.

2.16 Risk management strategy

All DoH Grant Agreements are managed according to their level of risk. Grant recipients will be subject to a Provider Capacity Risk Assessment prior to the negotiation of Grant Agreements. Grant recipients may also be required to participate in a Financial Viability Assessment during the Assessment process of an application or change in funding. A periodic monitoring process is undertaken during the term of an agreement which monitors service delivery and is used to provide evidence for ongoing risk assessments.

2.17 Special conditions applying to this activity

Any special conditions relating to this Activity will be negotiated between the relevant DoH program area and the grant recipient on a case-by-case basis and then specified in the individual Grant Agreement.

Further information on the [CHSP Program](https://agedcare.govcms.gov.au/programs/commonwealth-home-support-programme) can be found at <https://agedcare.govcms.gov.au/programs/commonwealth-home-support-programme>

3. Application Process

3.1 Overview of the application process

All grant processes will be undertaken in accordance with the requirements of the Commonwealth Grant Rules and Guidelines and will be consistent with the objectives and priorities of the CHSP Activity.

3.2 Program Guidelines

Applicants for grants funding rounds conducted for the CHSP Activity will be provided with the Program Guidelines suite of documents comprising:

- The Program Guidelines Overview (this document)
- The *CHSP Program Manual 2015*
- An Application Pack – a suite of documents with information specific to each grant funding round conducted within the Activity

3.2.1 Application Pack

The Application Pack consists of the following documents:

Funding Round Summary

This document includes the following information:

- Objectives and requirements of the funding round
- The type of selection process being used
- Application opening and closing dates
- The value of the funding round
- How to submit an application
- Selection criteria
- Eligibility criteria.

Application Form

This document asks applicants to address selection criteria relating to the particular funding round which they are applying for and also requires them to complete general information about the applicant as a provider who is applying for funding.

CHSP DSS Comprehensive Grant Agreement template

The signed CHSP DSS Comprehensive Grant Agreement will include information relating to the Grant objectives, activities to be undertaken, the duration of the grant, payment, reporting requirements, DSS Comprehensive Grant Agreement terms and conditions, supplementary terms and conditions, and DoH and provider signatures.

Questions and Answers

This document aims to answer any questions and provide additional information relating to the activity and the application process. Additional questions and answers will be made available on the [DoH website](#).

3.3 Achieving Value for Money

In assessing the extent to which the application represents value for money, DoH will have regard to the following:

- The relative merit of each application
- The overall objective/s to be achieved in providing the funding
- The relative cost of the proposal, or elements of the proposal
- The extent to which the applicant has demonstrated a capacity to fund the proposal, taking into consideration all possible sources of finance, including debt finance
- The geographic location of the proposal
- The extent to which the evidence in the application demonstrates that the proposal will meet the needs of the local community.

3.4 Choice of Selection Process

When undertaking a selection process DoH will consider the proportionality of scale, nature, funding amount, complexity and risks involved in the funding round. DoH will consider proportionality to inform

the choice of the application and selection process, the type of grant agreement to be used and the reporting and acquittal requirements.

The CHSP Activity funds a diverse range of service types and other activities. Due to the size and complexity of the CHSP Activity, access to funding will be available through a variety of means and at various times throughout the funding period. DoH proposes to undertake a mix of the following selection processes to achieve the objectives and priorities for the CHSP.

3.4.1 Advertising a selection process

DSS may advertise any funding process:

- In major national newspapers and other selected newspapers or
- On the [DoH website](#), or
- On the [Government Grants website](#).

Any advertisement will inform potential applicants of where to obtain application information for the relevant process. Processes will be provided on the [DoH website](#) under the Tenders and Grants tab.

3.4.2 Direct selection process

From time to time, DoH may conduct a direct selection in the event that there is a change in government policy, a shift in demographics, unforeseen or urgent circumstances, where direct selection represents the most effective, efficient and appropriate means of delivering the Activity objective, or due to service provider failure.

A direct selection process is a closed non-competitive process, where an approach is made directly to an existing, high performing provider to expand their current service delivery activities or deliver new services. It involves assessment of a provider's capacity to deliver an expanded service or capability to deliver a new service through use of selection criteria and/or an assessment of a provider's current performance.

3.4.3 Restricted competitive selection process

A restricted (or targeted) selection process is used where there are few providers available due to highly specialised services being required, there are geographical considerations, specific expertise is required or there are time constraints. A restricted grant round is still competitive, but only opens to a small number of potential grant recipients based on the specialised requirements of the grant activity or project under consideration. Potential grant recipients are invited to apply and will still need to be assessed against nominated selection criteria.

3.4.4 Expressions of Interest (EOI) process

DoH may call for EOIs to test the market to ascertain the extent of potential applicants. An EOI will be advertised as the first in a two stage process. The second stage involves applicants selected through the EOI process applying in either a targeted or direct process.

3.4.5 Open competitive selection process

An open competitive selection process is open to all providers operating in the market place. Open processes are advertised through the media, the [DoH website](#) and other sources in order to attract as much interest as possible. Open competitive grant rounds have nominated open and close dates, with eligible applications being assessed against the nominated selection criteria.

A merit pool may be created from an open competitive selection process, whereby any future service delivery needs (such as those resulting from novations or relinquishments), may be addressed without requiring a separate selection process. This merit pool will comprise all grant applicants which were deemed suitable in an open and competitive process.

3.4.6 Unsolicited Proposals

DoH may make provision under the CHSP Activity for one-off, unsolicited proposals, and emergency payments. An unsolicited proposal is one that is received by DoH outside of any funding process for the CHSP. Unsolicited proposals can only be submitted for eligible sub-activities under the CHSP Activity. Any such proposals are required to have been assessed by the Department to ensure they meet the aims, objectives and priorities of the CHSP Activity.

DoH has no obligation to accept an unsolicited proposal. Should DoH decide that it would be appropriate

to accept an unsolicited proposal, DoH may, at its discretion, notify the applicant in writing and enclose an application pack, including an application form. The applicant must return the completed application form, in accordance with the application pack and these Program Guidelines, by the closing date and time set out in the notice and/or the application pack.

DSDoHS may assess unsolicited proposals in accordance with these Program Guidelines, particularly with regards to the sub-activity under which the proposal falls.

DoH will not provide an immediate response to an unsolicited proposal or to the submitted application form for an unsolicited proposal. Any decisions by DoH regarding the acceptance or non-acceptance, assessment or non-assessment, or funding or non-funding of an unsolicited proposal will be final.

3.4.7 Procurement activities

DoH may also use funds appropriated for the CHSP for the procurement of work directly related to the purpose of the CHSP, such as regional assessment services and Program Evaluation. Such procurements will be undertaken in accordance with the requirements of the Commonwealth Procurement Rules and will be for the purposes that are consistent with the aims, objectives and priorities of the CHSP.

Any advertisement will inform potential applicants of where to obtain application information for the relevant process. Processes will be provided on the DoH website under the Grants tab.

DoH from time to time may conduct a direct selection in the event that there is a change in government policy, a shift in demographics, unforeseen circumstances, due to service provider failure, or where direct selection represents the most efficient, effective and appropriate means of delivering a CHSP objective.

3.5 Service delivery areas / Aged Care Planning Regions

Aged Care Planning Regions designated within the grant agreement must not change without prior written agreement from DoH.

3.6 Selection Criteria

This section sets out the suite of selection criteria that may be used for any funding process under the Activity.

Depending on the Activity/Sub-Activity and type of funding process, a reduced or tailored set of assessment criteria may be set by the appropriate Departmental Delegate exercising their ability to waive or add certain criteria. The final set of selection criteria will be reflected in the Application Pack.

Threshold Criteria

Assessment criteria or sub-criteria may be used as threshold criteria for any funding process. Should any of the assessment criteria be used as threshold criteria, this will be clearly indicated in the Application Kit.

The selection criteria are:

1. Demonstrated experience in developing, delivering, managing and monitoring a community care program to achieve positive outcomes for clients.
2. Demonstrated need for home support services or sector support and development activities in the proposed community or the proposed target group and how your delivery model will contribute to achieving the intended Activity outcomes.
3. Describe your proposed service model, including the CHSP sub-activity under which it will operate, and how this model will meet the needs of clients and achieve positive outcomes for the proposed target group within your proposed budget and within the Aged Care planning regions in which you propose to deliver services.
4. Describe how your service delivery model will be made operational to achieve positive outcomes for the proposed target group within your proposed budget, including 5 risks and risk mitigation strategies.
5. Describe how the implementation of your proposal will achieve the stated objectives for all

stakeholders, including value for money, within the CHSP grant funding.

6. Demonstrate your organisation's capacity, including the governance structure, and your key personnel and staff capability (experience and qualifications) to deliver the Activity objectives in the proposed community and/or the proposed target group.
7. Describe how your organisation will foster links with other services, infrastructure and resources, including Regional Assessment Services, and align with and complement other aged care services, and services, such as state health services, the National Disability Insurance Scheme, Aboriginal community controlled primary health care services, Culturally and Linguistically Diverse (CALD) community services and activities or broader Aged Care workforce training and sector development initiatives, to meet the needs of the local area and client cohort, particularly special needs groups.
8. Demonstrated experience in developing, delivering, managing and monitoring effective sector support and development activities, particularly the type of activities for which you are applying for funding.
9. Describe your proposed sector support and development activity, including up to 10 risks and mitigation strategies, and demonstrate how your proposal will contribute to the efficient delivery of the sector support and development activity within the proposed budget.
10. Demonstrated ability of the proposed sector support and development activity and delivery model in meeting the needs of the geographical location and client cohort, particularly special needs groups.

3.7 How to submit an application

To apply under a process, applicants will need to complete the Application Form and respond to selection criteria as detailed above and set out in the Application Form. Generally, applications must be received electronically by the closing date and time as stated in the Application Pack. It is at DoH's discretion as to whether to issue Application Forms or accept completed applications by fax or mail. At the Department's discretion, it may allow an Application Form to be lodged through alternative means in exceptional circumstances.

All applicants, including current service providers, will need to respond fully to the Selection Criteria in the Application Form and provide the information required in the format and to the extent specified.

Applications can only be submitted during the application round for the Activity and for the locations or sites as defined in the Application Form.

An application is not an agreement or contract. Meeting the selection criteria does not guarantee funding. Funding is limited and applications will be assessed and prioritised according to the extent to which they meet the selection criteria. Only applications meeting the selection criteria to a high degree are likely to be considered for funding. All information requested on the application must be provided to enable an application to be fully considered.

Applicants must meet the costs associated with the development and lodgement of their application.

3.8 Applicant's Responsibilities

It is the responsibility of the applicant to ensure that their application is complete and accurate. Giving false or misleading information to DoH is a serious offence, and applicants or their partners who do so may be prosecuted under section 137.1 of the *Criminal Code Act 1995*.

Applicants should ensure they keep a copy of their application and any supporting papers, either electronically or in hard copy, for their own records.

Only one application per sub-activity per region will be assessed. If more than one application per sub-activity per region is submitted, only the latest application will be considered.

3.9 What needs to be included?

DoH will not assess applications that do not contain all required attachments (see Application Form checklist) outlined in the Application Form where an Application Form is provided for completion by applicants.

3.10 What should not be included?

Any attachments to the Application Form which are not specifically requested in the Application Form will not be considered as part of the assessment process.

3.11 What happens if an applicant provides more than the specified number of words?

The Application Form may specify a word limit for each selection criteria. Text beyond the word limits may not be included in the application and therefore will not be considered as a part of the assessment process.

3.12 Closing date and time

The timeframe for submission of applications for any funding process will be set out in the Application Pack.

In order to be received by DoH, the application must be submitted in full via the method prescribed in the Application Pack.

The applications must be received by DoH within the application period to be considered.

3.13 Late Applications

DoH may not accept any proposal lodged after the closing date. If a proposal is late, DoH may determine that there were exceptional circumstances beyond the respondent's control that meant the deadline could not be met. The respondent will need to supply documentary evidence to support any exceptional circumstances.

DoH has no obligation to accept a late applications. Any decision by DoH to accept or not accept a late application will be final.

3.14 Questions and answers during the application period

Details of 'Questions and Answers' facilities and contact details will be provided on the DoH website under the Tenders and Grants tab and in the Funding Round Summary. DoH will respond to emailed questions within five working days.

Note: A list of 'Frequently Asked Questions' is available on DoH's website. Responses to questions of interest to all applicants may be added to the list during the application period.

DoH will only respond to requests for information that seek clarification of issues to allow them to better understand the requirements of the Application Form and Program Guidelines.

3.15 Questions after the application period

DoH will **not** accept or respond to any applicant requests for information or correspondence about the status or progress of their application during the assessment phase.

3.16 Application Acknowledgement

Unless prior agreement has been reached with DoH, an application will not be considered lodged until it is received by DoH. The applicant may receive email notification from DoH within 48 hours of an

application being lodged correctly. If the applicant has not received notification in this timeframe, the applicant should contact DoH to confirm that the form has been lodged correctly.

3.17 Conflicts of Interest

Applicants must identify, in their application, any potential or actual conflicts of interest they believe will or may arise from submitting the application. This should address their responsibilities to the Australian Government and other parties in the course of the Activity.

A conflict of interest can arise when an applicant's integrity, objectivity or fairness in performing the services is at risk due to a pecuniary interest of a person or organisation associated with the applicant or a conflicting business arrangement.

Applicants must specify in their applications how any actual or perceived conflict of interest will be addressed and monitored to ensure it does not compromise the outcomes desired for this grant process.

DoH reserves the right to assess the potential impact of the conflict or perceived conflict and what plans, if any, are proposed to address the conflict of interest in relation to the application for funding.

DoH may reject an application if DoH is not satisfied that there are arrangements in place to appropriately address/manage a perceived or actual conflict of interest.

DoH also has mechanisms in place for identifying and managing potential or actual conflicts of interest such as requiring assessment staff to sign conflict of interest declarations prior to undertaking the assessment of applications.

More information is available on the [Conflict of Interest Policy for DoH](#) employees and contractors (who are treated as agency staff and required to abide by this policy and the APS Values and Code of Conduct).

4. Terms and conditions applying to Selection

4.1 Liability issues

DoH is not liable to the applicant in relation to the selection process, including without limitation, when DoH:

- Varies or terminates all or any part of the selection process or any negotiations with the applicant
- Decides not to acquire any or all of the services sought through the selection process
- Exercises or fails to exercise any of its other rights under, or in relation to the program guidelines.

4.2 DoH's rights

DoH reserves the right to amend the Program Guidelines by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments

4.3 Disclaimer

DoH, its officers, agents and advisors:

- Are not, and will not be, responsible or liable for the accuracy or completeness of any information in or provided in connection with the Program Guidelines
- Make no express or implied representation or warranty that any statement as to future matters will prove correct
- Disclaim any and all liability arising from any information provided to the applicant, including, without limitation, errors in, or omissions contained in, that information
- Except so far as liability under any statute applies, accept no responsibility arising from errors or omissions contained in any information in this document and the Application Form

- Accept no liability for any loss or damage suffered by any person as a result of that person, or any other person, placing reliance on the contents of these documents, or any other information provided by DoH.

4.4 Fraud

DoH is committed to the Commonwealth Fraud Control Policy and Guidelines. Applicants should familiarise themselves with [the DoH Fraud Control Policy Statement](#). The Fraud Control Policy Statement also underpins an applicant's respective fraud and risk minimisation responsibilities when dealing with DoH.

One key responsibility outlined in the DoH Fraud Control Policy Statement is to report all fraud concerns by:

- Leaving an anonymous voicemail message on the DoH Fraud Hotline (1800 133 611); or
- Emailing fraud@health.gov.au.

4.5 Personal Information

Any personal information applicants provide is protected under the *Privacy Act 1988*. It can only be disclosed to someone else if an applicant has been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if the applicant has consented to the disclosure.

If applicants have questions or concerns about how their personal information is handled, they may contact the Privacy Commissioner on 1300 363 992 (local call cost, but calls from mobile and pay phones may incur higher charges) or the Australian Government Privacy Officer by emailing privacy@privacy.gov.au.

4.6 Freedom of Information

All documents in the possession of DoH including those in relation to the Activity are subject to the *Freedom of Information Act 1982* (FOI Act).

The FOI Act creates a general right of access to documents in the possession of DoH and this right of access is limited only by the exceptions and exemptions necessary for the protection of essential public interests and private and business affairs of persons in respect of whom the information relates.

Decisions regarding requests for access under the FOI Act will be made by an authorised decision-maker in accordance with the requirements of the FOI Act.

All FOI requests are to be referred to the FOI Coordinator, in DoH.

By mail:

By mail: Freedom of Information Coordinator

FOI Unit

Department of Health

GPO Box 9848

CANBERRA ACT 2601

By email: foi@health.gov.au

More information on making a request for access to documents in the possession of DoH under the FOI Act can be found at the [DoH Website](#).

5. Financial and Other Arrangements

5.1 Financial arrangements

DoH uses standard grant agreements. Grants will only be provided in accordance with an executed grant agreement. The terms and conditions of DoH's grant agreements cannot be changed.

The grant agreement will contain the entire agreement between the parties. There is no binding agreement on any parties until the grant agreement is agreed to and signed by the delegate and the applicant's authorised representative.

The grant agreement is the legal agreement between DoH and the grant recipient over the grant period. In managing the grant provided, the grant recipient must comply with all the requirements of the grant agreement.

Grant recipients should also be aware of any case based law that may apply or affect their service delivery. The Terms and Conditions of the grant agreement are available on the DoH website.

6. Grants Process Complaints

6.1 Applicants/Grant Recipients

The department's Grant and Procurement Complaints Procedures apply to complaints that arise in relation to grant and procurement processes. It covers events that occur between the time the funding round documentation is released to potential applicants and the date of contract execution, regardless of when the actual complaint is made. The department requires that all complaints relating to a grant or procurement process must be lodged in writing.

Any enquiries relating to funding decisions for the Programme should be directed to aged_care_grant@health.gov.au

If an applicant or grant recipient is at any time dissatisfied with DoH's handling of a complaint, they can contact the Commonwealth Ombudsman via the [Commonwealth Ombudsman Website](#) or on 1300 362 072.

6.2 Client/Customer

It is a requirement of your grant agreement to have a transparent and accessible complaints handling policy. This policy should acknowledge the complainant's right to complain directly to you, outline the process for both dealing with the complaint and provide options for escalation both within your organisation and to DoH if necessary. Ensure that you provide information about your complaints handling policy and processes in all correspondence to guarantee it is readily available to the public.

7. Contact information

Contact information for the Activity:

Address: Sirius Building Furzer Street Woden ACT 2606

Mail: PO Box 9848, Canberra ACT 2601

Phone: 1800 214 398. If you are deaf or have a hearing or speech impairment, you can use the [National Relay Service](#) to contact any of DoH's listed phone numbers.

Email: aged_care_grant@health.gov.au